## **Instructions for Form FTB 3519**

## **Payment Voucher for Automatic Extension for Individuals**

## **General Information**

Use form FTB 3519 only if:

- You cannot file your 2003 return\* by April 15, 2004; and
- You owe tax for 2003.

Use the worksheet below to determine if you owe tax.

- If you do not owe tax, there is nothing to file at this time. Do not complete or mail this voucher. But, you must file your return by October 15, 2004.
- If you owe tax, choose one of the following payment options. Be sure to pay by April 15, 2004 to avoid penalties and interest. See Penalties and Interest for more information.

Check or Money Order: Complete the payment voucher below and mail it with your check or money order to the Franchise Tax Board (FTB).

Web Payment: To make a payment online or to schedule a future payment (up to one year in advance), visit FTB's Website at www.ftb.ca.gov and select "Payment Options." Do not mail the voucher to us.

Credit Card: Use your Discover/NOVUS, MasterCard, American Express, or Visa card to pay your tax. Call (800) 272-9829 or visit the Website www.officialpayments.com, and use the jurisdiction code 1555. Official Payments Corp. charges a convenience fee for using this service. Do not mail the voucher to us.

**Installment Agreement:** Can't pay the full amount you owe? Visit our Website at www.ftb.ca.gov or get FTB 3567, Installment Agreement Request Booklet.

Name and Address. Be sure to fill in your complete name(s), address, and social security number(s) on the voucher. If you lease a private mailbox (PMB) from a private business rather than a PO box from the United States Postal Service, include the box number in the field labeled "PMB no." in the address area.

## **Penalties and Interest**

If you fail to pay your total tax liability by April 15, 2004, a late-payment penalty plus interest will be added to your tax due. If after April 15, 2004, you find that your estimate of tax due was too low, you should pay the additional tax as soon as possible to avoid further accumulation of penalties and interest. Pay your additional tax with another form FTB 3519 voucher. If you do not file your tax return by October 15, 2004, you will be assessed a late-filing penalty plus interest from the original due date of the return.

Taxpayers Residing or Traveling Outside the USA

If you are living or traveling outside the USA on April 15, 2004, the deadline to file your return and pay the tax is June 15, 2004. Interest will accrue from the original due date (April 15, 2004) until the date of payment. If you need additional time to file your tax return, you will be allowed an automatic six-month extension without filing a written request. To qualify for the extension, you must file your tax return by December 15, 2004. To avoid any late-payment penalties, you must pay 100% of your tax liability by June 15, 2004. When filing your tax return, be sure to attach a statement to the front indicating that you were "outside the USA on April 15, 2004."

When you do file your 2003 return, you can e-file. Visit our Website at www.ftb.ca.gov. Otherwise, you must use Form 540A, Form 540, or Long Form 540NR. Note: If you use form FTB 3519, you may not file Form 540 2EZ or Short Form 540NR.

1 Total tax you expect to owe. This is		04 " 00 5 540 " 07	
,	s the amount you expect to enter on Form 54	0A, line 23; Form 540, line 37;	1
or Long Form 540NR, line 46			1
2 Payments and credits:			
a California income tax withheld (	including real estate and nonresident withhol	ding) <b>2a</b>	
<b>b</b> California estimated tax paymer	nts and amount applied from your 2002 tax re	turn 2b	
(Note: You can check the estimate	ated tax payments we've received by visiting	our	
Website at www.ftb.ca.gov)			
- <i>,</i>	cluding any tax payments made with any prev	ious	
			<u>                                     </u>
Total tax payments and credits. Add line 2a, line 2b, and line 2c			3
	?		
	due. <b>DO NOT MAIL THE PAYMENT VOUCHE</b>		
for the extension.		•	
	. This is your tax due. Enter the tax due amou		
	ress, and social security number(s), and sepa		
	nchise Tax Board." Also write your social secu		
the check or money order and t	he voucher to: FRANCHISE TAX BOARD, PO		7-0051
	<ul> <li>Keep this completed works</li> </ul>	heet with your tax records.	
— DETACH HERE — — —	IF NO PAYMENT IS DUE, DO	NOT MAIL THIS FORM	DETACH HERE
3 DE MONTIERE			DE MOITHERE 76
TAXABLE YEAR Paymen	it Voucher for Autom	atic Calendar year -	CALIFORNIA FORM
_		Laiennar vear -	
2003 Extensi			0540 (DIT)
	on for Individuals	Due April 15, 20	
Your first name	on for Individuals   Initial   Last name		3519 (PIT) Your social security number
			14 <b>3519 (PIT)</b>
Your first name			14 <b>3519 (PIT)</b>
Your first name	Initial Last name		your social security number
Your first name	Initial Last name Initial Last name	Due April 15, 20	your social security number
Your first name	Initial Last name Initial Last name	Due April 15, 20	Your social security number  Spouse's social security number
Your first name	Initial Last name Initial Last name	Due April 15, 20	Your social security number Spouse's social security number  upt. no.  PMB no.
Your first name	Initial Last name Initial Last name	Due April 15, 20	Your social security number Spouse's social security number  upt. no.  PMB no.
Your first name  If joint payment, spouse's first name  Present home address – number and stre  City, town, or post office	Initial Last name Initial Last name	Due April 15, 20	Your social security number Spouse's social security number Lept. no. PMB no. ZIP Code
Your first name	Initial Last name Initial Last name	Due April 15, 20	Your social security number Spouse's social security number  upt. no.  PMB no.
Your first name  If joint payment, spouse's first name  Present home address – number and stre  City, town, or post office  IF PAYMENT IS DUE, MAIL TO:  FRANCHISE TAX BOARD	Initial Last name Initial Last name Initial Last name Let, PO Box, or rural route If amo	Due April 15, 20  State  Amount unt of payment is	Your social security number Spouse's social security number Lept. no. PMB no. ZIP Code
Your first name	Initial Last name Initial Last name Initial Last name Let, PO Box, or rural route If amo	Due April 15, 20	Your social security number Spouse's social security number Lept. no. PMB no. ZIP Code
Your first name  If joint payment, spouse's first name  Present home address – number and stre  City, town, or post office  IF PAYMENT IS DUE, MAIL TO:  FRANCHISE TAX BOARD	Initial Last name Initial Last name Initial Last name Let, PO Box, or rural route If amo	Due April 15, 20  State  Amount unt of payment is	Your social security number Spouse's social security number Lept. no. PMB no. ZIP Code

TAX PAYMENT WORKSHEET FOR YOUR RECORDS